

## Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter 11 Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<b>CAROL LLOYD INC.</b>		
2. All other names debtor used in the last 8 years	<b>DBA MMDS OF ASHEVILLE</b>		
	Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	<b>30-0269453</b>		
4. Debtor's address	Principal place of business  <b>3011 HARRAH DRIVE SUITE T Spring Hill, TN 37174</b>	Mailing address, if different from principal place of business	
	Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code	
	<b>Williamson</b>	Location of principal assets, if different from principal place of business	
	County	Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)	<b>www.mmdsmobile.com</b>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor CAROL LLOYD INC. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

## 7. Describe debtor's business A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

## B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

## C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6215

## 8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

Chapter 7  
 Chapter 9

## ■ Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No.

Yes.

If more than 2 cases, attach a separate list.

District	<u>WESTERN DIST OF NORTH CAROLINA</u>	When	<u>5/15/17</u>	Case number	<u>17-10207 CH11</u>
District		When		Case number	

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes.

List all cases. If more than 1, attach a separate list

Debtor	<u>MMDS OF NORTH CAROLINA, INC.</u>	Relationship	<u>AFFILIATE COMPANY</u>
District	<u>EASTERN DIST OF NORTH CAROLINA</u>	When	<u>4/07/17</u>
		Case number, if known	<u>17-01749-5</u>

Debtor

**CAROL LLOYD INC.**

Name

Case number (if known)

**11. Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?** No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

 Other \_\_\_\_\_**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?** No Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds** *Check one:* Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors** 1-49  
 50-99  
 100-199  
 200-999 1,000-5,000  
 5001-10,000  
 10,001-25,000 25,001-50,000  
 50,001-100,000  
 More than 100,000**15. Estimated Assets** \$0 - \$50,000  
 \$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million \$1,000,001 - \$10 million  
 \$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million \$500,000,001 - \$1 billion  
 \$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion**16. Estimated liabilities** \$0 - \$50,000  
 \$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million \$1,000,001 - \$10 million  
 \$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million \$500,000,001 - \$1 billion  
 \$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion

Debtor

**CAROL LLOYD INC.**

Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 15, 2018

MM / DD / YYYY

**X /s/ LLOYD M. WILLIAMS, III**

Signature of authorized representative of debtor

**LLOYD M. WILLIAMS, III**

Printed name

Title AUTHORIZED REPRESENTATIVE

**18. Signature of attorney**

**X /s/ Steven L. Lefkovitz**

Signature of attorney for debtor

Date August 15, 2018

MM / DD / YYYY

**Steven L. Lefkovitz 5953**

Printed name

**LEFKOVITZ & LEFKOVITZ**

Firm name

**618 CHURCH ST., #410**

**NASHVILLE, TN 37219**

Number, Street, City, State & ZIP Code

Contact phone 615-256-8300

Email address slefkovitz@lefkovitz.com

**5953 TN**

Bar number and State

## Fill in this information to identify the case:

Debtor name CAROL LLOYD INC.United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 15, 2018X /s/ LLOYD M. WILLIAMS, III

Signature of individual signing on behalf of debtor

LLOYD M. WILLIAMS, III

Printed name

AUTHORIZED REPRESENTATIVE

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**  
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**  
 Case number (if known): \_\_\_\_\_

Check if this is an  
 amended filing

## Official Form 204

## Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AFG ALLIANCE FUNDING GROUP PO BOX 4130 HOPKINS MN 55343				\$77,436.12	\$0.00	\$77,436.12
AMERICAN EXPRESS PO BOX 981540 EL PASO TX 79998						\$198,901.98
ASCENTIUM CAPITAL- AFG PO BOX 301593 DALLAS TX 7303				\$67,616.86	\$0.00	\$67,616.86
BALBOA CAPITAL 75 ANTON BLVD 12TH FL COSTA MESA CA 92626				\$36,132.11	\$0.00	\$36,132.11
BENEFICIAL EQUIPMENT FINANCE 165 POTSTOWN PK CHESTER SPRINGS PA 19425				\$52,692.75	\$0.00	\$52,692.75
BLUE RIDGE FINANCIAL DBA ENVISION 535 WASHINGTON ST #201 BUFFALO, NY 14203				\$52,692.75	\$0.00	\$52,692.75
BLUE RIDGE FINANCIAL DBA ENVISION 535 WASHINGTON ST #201 BUFFALO, NY 14203				\$65,152.00	\$0.00	\$65,152.00

Debtor **CAROL LLOYD INC.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ENVISION CAPITAL GROUP BANKERS LEASING PO BOX 7740 URBANDALE, IA 50323				\$47,092.00	\$0.00	\$47,092.00
FINANCIAL PACIFIC 3455 S 344TH WAY AUBURN LA 98001				\$85,800.77	\$0.00	\$85,800.77
IRS CNTRLZD INSOLVENCY OPRTN PO BOX 7346 PHILADELPHIA, PA 19101-7346						\$1,400,000.00
LCA BANK CORP ENVISION 3150 LIVERMOIS RD #300 TROY, MI 48083				\$43,337.97	\$0.00	\$43,337.97
LCA BANK CORP ENVISION 3150 LIVERMOIS RD #300 TROY, MI 48083				\$43,268.29	\$0.00	\$43,268.29
MARTIN BUSINESS BANK PO BOX 13604 PHILADELPHIA PA 19101				\$47,161.24	\$0.00	\$47,161.24
North Carolina Department of Revenue Attn: Tom Gardin 501 N Wilmington St Raleigh, NC 27604						\$50,000.00
STEARNS BANK PO BOX 750 ALBANY MN 56307				\$122,117.42	\$0.00	\$122,117.42
SUSQUEHANA CMRCL FINANCE 2 COUNTRY VIEW RD #300 MALVERN PA 19355				\$48,351.92	\$0.00	\$48,351.92
TD AUTO FINANCE PO BOX 16035 LEWISTON ME04243				\$67,235.98	\$0.00	\$67,235.98

Debtor **CAROL LLOYD INC.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
UNIFI EQUIPMENT FINANCE ENVISION PO BOX 1689 ANN ARBOR, MI 48106				\$77,913.60	\$0.00	\$77,913.60
UNIFI EQUIPMENT FINANCE ENVISION PO BOX 1689 ANN ARBOR, MI 48106				\$39,728.47	\$0.00	\$39,728.47
US BANK OF THE WEST 1310 MADRID ST MARSHALL MN 56258				\$157,459.25	\$0.00	\$157,459.25

## Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **1,021,401.52****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **1,021,401.52****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,856,565.70****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **1,450,000.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **208,901.98****4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ **3,515,467.68**

## Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

**Bank Account with BB&T, Value:****(\$17,000)****Bank Account with Eastman Credit**3.1. **Union, Value: (\$-41.48)** **Business** **\$16,958.52****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$16,958.52****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes Fill in the information below.**Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5.

Debtor CAROL LLOYD INC.  
NameCase number (*If known*) \_\_\_\_\_ Yes Fill in the information below.**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes Fill in the information below.**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes Fill in the information below.**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

<b>47.1. Vehicles - Carol Lloyd (25 total vehicles); unknown at time</b>	<b>\$0.00</b>	<b>\$0.00</b>
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**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**Various Machines, Modules, X-Ray Systems,  
Analyzers, Printers, Computers, Laptops,  
Monitors, Interfaces, Centrifuges, Servers,  
Firewalls, Software, and Medical Equipment**  
(See Attached detailed list)

<b>\$629,243.00</b>	<b>Replacement</b>	<b>\$629,243.00</b>
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**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

<b>\$629,243.00</b>
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**52. Is a depreciation schedule available for any of the property listed in Part 8?** No

Debtor CAROL LLOYD INC.  
NameCase number (*If known*) \_\_\_\_\_ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

 No  
 Yes**Part 9: Real property**

54. Does the debtor own or lease any real property?

 No. Go to Part 10. Yes Fill in the information below.**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

 No. Go to Part 11. Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <a href="http://www.mmdsmobile.com">www.mmdsmobile.com</a> <a href="http://www.mmdsorders.com">www.mmdsorders.com</a> Value: \$200	\$200.00	N/A	\$200.00
62.	Licenses, franchises, and royalties Medicare/Medicaid Commercial Insurances Licenses (inspection value for business license process)	Unknown	N/A	Unknown
63.	Customer lists, mailing lists, or other compilations Carol Lloyd Customer List (a handful of customers at present moment) Value: \$25,000	\$25,000.00	Revenue based	\$25,000.00
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$25,200.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year?			

Debtor CAROL LLOYD INC.

Name

Case number (*If known*) \_\_\_\_\_

No  
 Yes

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

		Current value of debtor's interest	
71.	<b>Notes receivable</b> Description (include name of obligor)		
72.	<b>Tax refunds and unused net operating losses (NOLs)</b> Description (for example, federal, state, local) <b>NOL- Federal re: tax year of 2014</b> <b>Value: (\$350,000)</b>	Tax year <b>2014</b>	<b>\$350,000.00</b>
	<b>NOL - Unknown at the moment for tax year 2015</b> <b>Value: unknown</b>	Tax year <b>2015</b>	<b>Unknown</b>
73.	<b>Interests in insurance policies or annuities</b>		
74.	<b>Causes of action against third parties (whether or not a lawsuit has been filed)</b>		
75.	<b>Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims</b> <b>Texas Workforce Commission</b> <b>(Re: 1 former accountant employee in TX)</b> <b>Value: none</b>		<b>\$0.00</b>
	<b>Nature of claim</b> <b>Resolved Employee Compensation Issue</b>		
	<b>Amount requested</b> <b>\$0.00</b>		
76.	<b>Trusts, equitable or future interests in property</b>		
77.	<b>Other property of any kind not already listed</b> Examples: Season tickets, country club membership		
78.	<b>Total of Part 11.</b> Add lines 71 through 77. Copy the total to line 90.		<b>\$350,000.00</b>
79.	<b>Has any of the property listed in Part 11 been appraised by a professional within the last year?</b>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor CAROL LLOYD INC.  
Name

Case number (If known) \_\_\_\_\_

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$16,958.52</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$629,243.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$25,200.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>\$350,000.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$1,021,401.52</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$1,021,401.52</u>

ITEM #	ITEM NAME	QUANTITY	YEAR	CURRENT VALUE	DEPRECIATION	ACR VALUE	ACR DEPRECIATION	ACR ADJ. AMT.
Carol Lloyd	Mindray M7 US System	2	2016	\$36,000.00				
Carol Lloyd	Advanced Configuration	2	2016	\$0.00				
Carol Lloyd	Portable Transducer 7L4s (Linear)	2	2016	\$500.00				
Carol Lloyd	Portable Transducer CS-2s (Convex)	2	2016	\$500.00				
Carol Lloyd	Portable Transducer P4-2s (Phased Array)	2	2016	\$500.00				
Carol Lloyd	Portable Transducer V10-4B8s (Endocavity)	1	2016	\$250.00				
Carol Lloyd	DICOM Package	2	2016	\$800.00				
Carol Lloyd	ECG-21, ECG Module	2	2016	\$400.00				
Carol Lloyd	1DM-21, iDock	2	2016	\$500.00				
Carol Lloyd	Kodak DirectView Vita	2	2014	\$6,000.00				
Carol Lloyd	Portable X-Ray System	2	2014	\$14,000.00				
Carol Lloyd	Holter Vision Software	1	2014	\$300.00				
Carol Lloyd	ECG Interpretive	1	2014	\$300.00				
Carol Lloyd	DirectView Vita WPC	1	2014	\$200.00		081213-228		
Carol Lloyd	Gen Flex 14x17 (Plate/Cassette)	4	2014	\$400.00				
Carol Lloyd	X-Ray System, Portable	2	2014	\$14,000.00				
Carol Lloyd	1277777777		2014					
SKYY	Analyzer i-Stat	8	2016	\$24,000.00				
SKYY	i-Stat Marst Portable	1	2016	\$5,000.00				
SKYY	i-Stat Electronic Simulator	1	2016	\$5,000.00				
SKYY	Cable Lan Filter	1	2016	\$50.00				
SKYY	Ised Fully Automated ESR	1	2016	\$15,000.00				
SKYY	Genexpert IV-2 Desktop	1	2016	\$10,000.00				
SKYY	UPS F/ Genexpert	1	2016	\$10,000.00				
SKYY	Clinitek Status+	10	2016	\$8,000.00				
SKYY	Printer i-Stat i/Analyzer	8	2016	\$15,000.00				
SKYY	Dell Poweredge R430 Server	1	2016	\$800.00		CF5VDB2		
SKYY	Dell Smart Ups 1500RM Battery Backup	1	2016	\$50.00				
SKYY	Microsoft Windows Server 2012R2 Standard	1	2016	\$100.00				
SKYY	Microsoft Windows Server 2012 User CAL	10	2016	\$1,000.00				
SKYY	Microsoft Windows Remote Desktop User CAL	5	2016	\$500.00				
SKYY	4TB External Backup Drive	1	2016	\$75.00				
SKYY	Dell Optiplex 3040 Minitower	1	2016	\$400.00		FH5T882		
SKYY	Dell Optiplex 3040 Minitower	1	2016	\$400.00		GB5T882		
SKYY	Dell Optiplex 3040 Minitower	1	2016	\$400.00		GH5T882		
SKYY	Dell Optiplex 3040 Minitower	1	2016	\$400.00		HH5T882		
SKYY	Dell Optiplex 3040 Minitower w/ MS Office	1	2016	\$400.00		JS5T882		
SKYY	Dell Optiplex 3040 Minitower w/ MS Office	1	2016	\$450.00		215T882		
SKYY	Dell Optiplex 3040 Minitower w/ MS Office	1	2016	\$450.00		555T882		
SKYY	Dell Optiplex 3040 Minitower w/ MS Office	1	2016	\$450.00		655T882		
SKYY	Dell Optiplex 3040 Minitower w/ MS Office	1	2016	\$450.00		8K5T882		
SKYY	Dell Optiplex 3040 Minitower w/ MS Office	1	2016	\$450.00		Ch5T882		
SKYY	Dell 24" LED Monitor	10	2016	\$400.00				
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		GMY7K72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		3N2BM72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		5PH7M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		77F8M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		8VH7M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		B9T1M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		C0B1M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		C147M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		F4B7M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		FTP0M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		GS21M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		GCW7M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		GRF1M72		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		HV2M772		
SKYY	DELL Latitude E5470 Laptop	1	2016	\$250.00		JZ12M72		
SKYY	Dell Optiplex 7040 Minitower W/ HS Office	1	2016	\$450.00		HYLV482		
SKYY	Dell 24" LED Monitor	4	2016	\$400.00				
SKYY	Bi-Directional Analyzer Interface	1	2016	\$100.00		3004752		
SKYY	Host Query Analyzer Interface	1	2016	\$100.00		3004753		
SKYY	Centrifuge Benchtop	12	2016	\$10,000.00				
Carol Lloyd	Ultrasound System	1	2016	\$11,000.00				
SKYY	System Development & Interface	1	2016	\$0.00				
Carol Lloyd	X-Ray System, Portable	1	2014	\$6,000.00				
Carol Lloyd	X-Ray System, Portable	1	2015	\$9,000.00				

SKYY	Centrifuge Benchtop	1	2016	\$800.00			HENRY-SCHEIN	3346213		
SKYY	Centrifuge Benchtop	3	2016	\$2,400.00			HENRY-SCHEIN	3346213	\$1,915.36	
Carol Lloyd	VIVIX Tethered DR System	1	2014	\$16,000.00			LCA Bank	133797-001		
Carol Lloyd	DR Upgrade kit for SR130 X-Ray	1	2014	\$2,200.00			LCA Bank	133797-001		
Carol Lloyd	14"X17" Encasement with 10	1	2014	\$1,110.00			LCA Bank	133797-001		
Carol Lloyd	900003 X-Ray System, Portable	1	2014	\$8,000.00	SR-130, 100kV	1914	LCA Bank	133797-001		
Carol Lloyd	900003 X-Ray System, Portable	1	2014	\$8,000.00	SR-130, 100kV	1915	LCA Bank	133797-001	\$32,550.30	
Carol Lloyd	900003 X-Ray System, Portable	1	2014	\$8,000.00	SR-130, 100kV	1916	LCA Bank	133797-001		
Carol Lloyd	2010 SR-130	1	2014	\$8,000.00	SR-130	1147	LCA Bank	133797-001		
Carol Lloyd	2005 Dynarad Phantom	1	2014	\$2,000.00		394	LCA Bank	133797-001		
SKYY	Centrifuges	20	2016	\$16,000.00			LCA Bank	133797-002		
SKYY	Reach in Cooler/Centrifuges	1	2016	\$1,000.00			GR72A09002			
SKYY	Reach in Cooler/Centrifuges	1	2016	\$1,000.00			GR72A09004			
SKYY	Reach in Cooler/Centrifuges	1	2016	\$1,000.00			GR72A12001			
SKYY	Centrifuges	30	2016	\$24,000.00			LCA Bank	133797-002		
Carol Lloyd	Carestream Directview Vita CR System	1	2014	\$8,000.00			LCA Bank	133797-003	\$43,268.29	
Carol Lloyd	Carestream Directview Vita CR System	2	2013	\$13,000.00			LEAF	100-0000342-000	\$17,964.70	
Carol Lloyd	Dell Poweredge R430 Server	1	2016	\$2,568.00			LEAF	100-1295917-004	\$6,482.32	
Carol Lloyd	Sonicwall TZ300 Firewall	2	2016	\$600.00			MARLIN (PRIORITY CAPITAL)	403-1541186-001		
Carol Lloyd	Dell Inspiron 15 300 Series Laptop	35	2016	\$12,000.00			MARLIN (PRIORITY CAPITAL)	403-1541186-001		
SKYY	HP Officejet Pro 6230 Printer	35	2016	\$1,400.00			MARLIN (PRIORITY CAPITAL)	403-1541186-001	\$47,161.24	
SKYY	Zebra LP 2624	25	2016	\$1,000.00			MARLIN (PRIORITY CAPITAL)	403-1541186-001		
SKYY	Irancell 2000 NA New	1	2016	\$95,000.00		800-7714	STEARNS BANK (Envision Capital)	001-2101751-001	\$122,117.42	
Carol Lloyd	Computer Hardware / Servers Desk	1	2014	\$16,000.00			SUSQUEHANNA	B1392001	\$43,200.00	
Carol Lloyd	Carestream Directview Vita CR System	3	2014	\$22,000.00			SUSQUEHANNA	B132320-007	\$35,463.13	
Carol Lloyd	Portable ultrasound machine	2	2015	\$22,000.00			UNI-FI	185896-0001		
SKYY	01R2104 HQM HL7 R INT	1	2016				UNI-FI	185896-0001	\$39,728.47	
SKYY	01R2134 IHQM DI HL7 SETUP	1	2016				UNI-FI	185896-0003		
SKYY	01R2129 IHQM DI I-ST CT 10	1	2016				GTIN 00054749003174			
SKYY	01R2202 IHQM HL7 R I MA	1	2016				GTIN 00054749003167			
SKYY	01R2225 IHQM SW SYS KT MNT	1	2016				GTIN 00054749003220			
SKYY	01R2226 IHQM DI I-ST 10MNT	1	2016				GTIN 00054749003259			
SKYY	01R2102 IHQM SOFTWARE	1	2016				GTIN 00054749003266			
SKYY	Rotina 420 13 S & 16S Lids	2	2016				GTIN 00054749002542			
SKYY	EBA 280 901, 13S & 16s	1	2016				UNI-FI	185896-0003		
SKYY	EBA 274 901 13S 16S	3	2016				UNI-FI	185896-0003		
SKYY	1045932CA1600 COAG Any w/ CAP Piercer/Prin	1	2016				UNI-FI	185896-0003		
SKYY	Gene Xpert Infinity 48-16	1	2016	\$120,000.00			UNI-FI	185896-0003		
Carol Lloyd	Revo Medical Equipment	1	2015				US BANK	600-0133721-000	\$157,459.25	
							WELLS FARGO	603-0110987-000	\$169,768.19	

## Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Describe debtor's property that is subject to a lien	Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1 ADVANTAGE GROUP</b> Creditor's Name		<b>\$0.00</b>	<b>\$0.00</b>
<b>PO BOX 15270 IRVINE CA 92623</b> Creditor's mailing address	<b>Describe the lien</b> <b>UCC FILING</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Creditor's email address, if known			
<b>Date debt was incurred</b>			
<b>Last 4 digits of account number</b>			
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.2 AFG ALLIANCE FUNDING GROUP</b> Creditor's Name	<b>Describe debtor's property that is subject to a lien</b>	<b>\$77,436.12</b>	<b>\$0.00</b>
<b>PO BOX 4130 HOPKINS MN 55343</b> Creditor's mailing address	<b>Describe the lien</b> <b>PMSI LIEN ON VEHICLE</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Creditor's email address, if known			
<b>Date debt was incurred</b>			
<b>Last 4 digits of account number</b>			
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply		

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Contingent  
 Unliquidated  
 Disputed

**2.3 ALLY** \$6,000.00 \$0.00

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$6,000.00

\$0.00

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

**2.4 ALLY** \$8,000.00 \$0.00

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$8,000.00

\$0.00

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

**2.5 ALLY** \$10,756.47 \$0.00

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$10,756.47

\$0.00

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
Creditor's email address, if known		
<input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b>		
<b>Date debt was incurred</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number		
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.6	<b>ALLY</b>	Describe debtor's property that is subject to a lien <b>\$6,000.00</b> <b>\$0.00</b>
Creditor's Name		
<b>ATTN: BANKRUPTCY PO BOX 130424 ROSEVILLE, MN 55113</b>		
Creditor's mailing address		
Creditor's email address, if known		
<b>Date debt was incurred</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number		
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.7	<b>ALLY</b>	Describe debtor's property that is subject to a lien <b>\$7,776.77</b> <b>\$0.00</b>
Creditor's Name		
<b>ATTN: BANKRUPTCY PO BOX 130424 ROSEVILLE, MN 55113</b>		
Creditor's mailing address		
Creditor's email address, if known		
<b>Date debt was incurred</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number		
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.8	<b>ALLY</b>	Describe debtor's property that is subject to a lien <b>\$5,271.63</b> <b>\$0.00</b>

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
Creditor's Name		
<b>ATTN: BANKRUPTCY</b>		
<b>PO BOX 130424</b>		
<b>ROSEVILLE, MN 55113</b>		
Creditor's mailing address		
Creditor's email address, if known		
Date debt was incurred		
Last 4 digits of account number		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>Describe the lien</b></p> <p><b>PMSI LIEN ON VEHICLE</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
2.9	<b>ALLY</b>	Describe debtor's property that is subject to a lien <b>\$13,378.40</b>
Creditor's Name		
<b>ATTN: BANKRUPTCY</b>		
<b>PO BOX 130424</b>		
<b>ROSEVILLE, MN 55113</b>		
Creditor's mailing address		
Creditor's email address, if known		
Date debt was incurred		
Last 4 digits of account number		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.1	<b>ALLY</b>	Describe debtor's property that is subject to a lien <b>\$2,603.03</b>
Creditor's Name		
<b>ATTN: BANKRUPTCY</b>		
<b>PO BOX 130424</b>		
<b>ROSEVILLE, MN 55113</b>		
Creditor's mailing address		
Creditor's email address, if known		
Date debt was incurred		
Last 4 digits of account number		
<p><b>Describe the lien</b></p> <p><b>PMSI LIEN ON VEHICLE</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		

Debtor CAROL LLOYD INC. \_\_\_\_\_ Case number (if known) \_\_\_\_\_

Name

**Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

2.1

ALLY

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed**Describe debtor's property that is subject to a lien****\$2,770.01****\$0.00****Describe the lien****PMSI LIEN ON VEHICLE****Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

2.1

ALLY

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed**Describe debtor's property that is subject to a lien****\$6,478.50****\$0.00****Describe the lien****PMSI LIEN ON VEHICLE****Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

2.1

ALLY

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

**Describe debtor's property that is subject to a lien****\$7,431.46****\$0.00****Describe the lien**

Debtor CAROL LLOYD INC.  
Name

Case number (if known)

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.1  
4**ALLY**

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$5,078.26****\$0.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.1  
5**ALLY**

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$9,099.87****\$0.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

 No Yes. Specify each creditor, including this creditor and its relative priority.

Contingent  
 Unliquidated  
 Disputed

2.1 **6 ALLY** Describe debtor's property that is subject to a lien **\$19,441.07** **\$0.00**

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.1 **7 ALLY** Describe debtor's property that is subject to a lien **\$17,895.16** **\$0.00**

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.1 **8 ALLY** Describe debtor's property that is subject to a lien **\$16,314.26** **\$0.00**

Creditor's Name

**ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE, MN 55113**

Creditor's mailing address

Describe the lien

**PMSI LIEN ON VEHICLE**

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
<p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.1 9	<b>ALLY</b> Creditor's Name <b>ATTN: BANKRUPTCY</b> <b>PO BOX 130424</b> <b>ROSEVILLE, MN 55113</b> Creditor's mailing address	Describe debtor's property that is subject to a lien <b>\$19,100.37</b> <b>\$0.00</b>
<p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.2 0	<b>ALLY</b> Creditor's Name <b>ATTN: BANKRUPTCY</b> <b>PO BOX 130424</b> <b>ROSEVILLE, MN 55113</b> Creditor's mailing address	Describe debtor's property that is subject to a lien <b>\$18,228.79</b> <b>\$0.00</b>
<p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p>		

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Contingent  
 Unliquidated  
 Disputed

2.2	1 <b>ALLY</b> Creditor's Name <b>ATTN: BANKRUPTCY PO BOX 130424 ROSEVILLE, MN 55113</b> Creditor's mailing address	Describe debtor's property that is subject to a lien	<b>\$25,764.46</b>	<b>\$0.00</b>
<p><b>Describe the lien</b>  <b>PMSI LIEN ON VEHICLE</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:  Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>				
<p>2.2 <b>ALLY</b> Creditor's Name <b>ATTN: BANKRUPTCY PO BOX 130424 ROSEVILLE, MN 55113</b> Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>				
<p>Describe debtor's property that is subject to a lien</p> <p style="text-align: center;"><b>\$1,192.41</b></p> <p><b>\$0.00</b></p> <p><b>Describe the lien</b>  <b>PMSI LIEN ON VEHICLE</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:  Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>				
<p>2.2 <b>ALLY</b> Creditor's Name <b>ATTN: BANKRUPTCY PO BOX 130424 ROSEVILLE, MN 55113</b> Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>Describe debtor's property that is subject to a lien</p> <p style="text-align: center;"><b>\$6,000.00</b></p> <p><b>\$0.00</b></p> <p><b>Describe the lien</b>  <b>PMSI LIEN ON VEHICLE</b></p>				

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
<p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.2 4	<b>ASCENTIUM CAPITAL- AFG</b>	Describe debtor's property that is subject to a lien <b>\$67,616.86</b> <b>\$0.00</b>
Creditor's Name		
<b>PO BOX 301593 DALLAS TX 7303</b>		
Creditor's mailing address		
<p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.2 5	<b>ASCENTIUM CAPITAL- AFG</b>	Describe debtor's property that is subject to a lien <b>\$2,609.11</b> <b>\$0.00</b>
Creditor's Name		
<b>PO BOX 301593 DALLAS TX 7303</b>		
Creditor's mailing address		
<p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		

Debtor CAROL LLOYD INC.  
Name

Case number (if known) \_\_\_\_\_

2.2 6	<b>AXIS CAPITAL</b> Creditor's Name	Describe debtor's property that is subject to a lien	\$0.00	\$0.00
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**308 N LOCUST ST #100  
GRAND ISLAND NE 68801**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**Describe the lien****UCC FILING****Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:****Check all that apply**

Contingent  
 Unliquidated  
 Disputed

2.2 7	<b>BALBOA CAPITAL</b> Creditor's Name	Describe debtor's property that is subject to a lien	\$33,377.89	\$0.00
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**75 ANTON BLVD 12TH FL  
COSTA MESA CA 92626**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**Describe the lien****EQUIPMENT LEASE W/OPT TO BUY****Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:****Check all that apply**

Contingent  
 Unliquidated  
 Disputed

2.2 8	<b>BALBOA CAPITAL</b> Creditor's Name	Describe debtor's property that is subject to a lien	\$36,132.11	\$0.00
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**75 ANTON BLVD 12TH FL  
COSTA MESA CA 92626**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Describe the lien****EQUIPMENT LEASE W/OPT TO BUY****Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
Last 4 digits of account number		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.2 9	<b>BENEFICIAL EQUIPMENT FINANCE</b>	Describe debtor's property that is subject to a lien <b>\$52,692.75</b> <b>\$0.00</b>
Creditor's Name <b>165 POTSTOWN PK CHESTER SPRINGS PA 19425</b>		
Creditor's mailing address		
Creditor's email address, if known		
Date debt was incurred		
Last 4 digits of account number		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.3 0	<b>BLUE RIDGE FINANCIAL</b>	Describe debtor's property that is subject to a lien <b>\$52,692.75</b> <b>\$0.00</b>
Creditor's Name <b>DBA ENVISION 535 WASHINGTON ST #201 BUFFALO, NY 14203</b>		
Creditor's mailing address		
Creditor's email address, if known		
Date debt was incurred		
Last 4 digits of account number		
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.3 1	<b>BLUE RIDGE FINANCIAL</b>	Describe debtor's property that is subject to a lien <b>\$65,152.00</b> <b>\$0.00</b>

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

Creditor's Name \_\_\_\_\_

**DBA ENVISION**  
**535 WASHINGTON ST #201**  
**BUFFALO, NY 14203**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien \_\_\_\_\_

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.3  
2**BRYN MAWR FUNDING**

Creditor's Name \_\_\_\_\_

**620 W GERMANTOWN PK**  
**#310**  
**PLYMOUTH MEETING PA**  
**19462**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien \_\_\_\_\_

**\$24,172.72****\$0.00****EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.3  
3**CITIZEN ONE AUTO FINANCE**

Creditor's Name \_\_\_\_\_

**PO BOX 42113**  
**FROVIDENCE RI 02940**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe debtor's property that is subject to a lien \_\_\_\_\_

**\$21,786.00****\$0.00**

Describe the lien \_\_\_\_\_

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor CAROL LLOYD INC.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

2.3 **4 CITIZEN ONE AUTO FINANCE** **Describe debtor's property that is subject to a lien** **\$19,227.65** **\$0.00**

Creditor's Name \_\_\_\_\_

**PO BOX 42113  
FROVIDENCE RI 02940**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

2.3 **5 EIN CAPITAL** **Describe debtor's property that is subject to a lien** **\$8,599.00** **\$0.00**

Creditor's Name \_\_\_\_\_

**160 PEARL ST 5TH FL  
NEW YORK NY 10005**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

2.3 **6 ELM SERVICES** **Describe debtor's property that is subject to a lien** **\$0.00** **\$0.00**

Creditor's Name \_\_\_\_\_

**PO BOX 15270  
IRVINE CA 92623**

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
Creditor's mailing address		Describe the lien
		<b>UCC FILING</b>
		Is the creditor an insider or related party?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Is anyone else liable on this claim?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:
		Check all that apply
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
2.3	<b>ENVISION CAPITAL GROUP</b>	Describe debtor's property that is subject to a lien
7		<b>\$47,092.00</b>
		<b>\$0.00</b>
Creditor's Name		
<b>BANKERS LEASING</b>		
<b>PO BOX 7740</b>		
<b>URBANDALE, IA 50323</b>		
Creditor's mailing address		
Creditor's email address, if known		Describe the lien
		<b>EQUIPMENT LEASE W/OPT TO BUY</b>
		Is the creditor an insider or related party?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Is anyone else liable on this claim?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:
		Check all that apply
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
2.3	<b>FINANCIAL PACIFIC</b>	Describe debtor's property that is subject to a lien
8		<b>\$85,800.77</b>
		<b>\$0.00</b>
Creditor's Name		
<b>3455 S 344TH WAY</b>		
<b>AUBURN LA 98001</b>		
Creditor's mailing address		Describe the lien
		<b>PMSI LIEN ON VEHICLE</b>
		Is the creditor an insider or related party?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Is anyone else liable on this claim?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:
		Check all that apply

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

 No Yes. Specify each creditor, including this creditor and its relative priority.

Contingent  
 Unliquidated  
 Disputed

2.3  
9**FORD CREDIT**

Creditor's Name

**PO BOX 689007  
FRANKLIN TN 37068**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$23,237.87****\$0.00**

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.4  
0**FORD CREDIT**

Creditor's Name

**PO BOX 689007  
FRANKLIN TN 37068**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$23,240.60****\$0.00**

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.4  
1**FORD CREDIT**

Creditor's Name

**PO BOX 689007  
FRANKLIN TN 37068**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$22,035.44****\$0.00**

Describe the lien

**PMSI LIEN ON VEHICLE**

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
<p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<hr/> <p><b>2.4</b></p> <p><b>2 FORD CREDIT</b></p> <p>Creditor's Name</p> <p><b>PO BOX 689007</b></p> <p><b>FRANKLIN TN 37068</b></p> <p>Creditor's mailing address</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>\$23,675.66</b></p> <p><b>\$0.00</b></p> <p><b>Describe the lien</b></p> <p><b>PMSI LIEN ON VEHICLE</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<hr/> <p><b>2.4</b></p> <p><b>3 FORD CREDIT</b></p> <p>Creditor's Name</p> <p><b>PO BOX 689007</b></p> <p><b>FRANKLIN TN 37068</b></p> <p>Creditor's mailing address</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>\$13,642.73</b></p> <p><b>\$0.00</b></p> <p><b>Describe the lien</b></p> <p><b>PMSI LIEN ON VEHICLE</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		

Debtor **CAROL LLOYD INC.**  
Name

Case number (if known) \_\_\_\_\_

2.4 4	<b>FORD CREDIT</b> Creditor's Name	Describe debtor's property that is subject to a lien	<b>\$14,595.42</b>	<b>\$0.00</b>
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**PO BOX 689007**  
**FRANKLIN TN 37068**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.4 5	<b>FORD CREDIT</b> Creditor's Name	Describe debtor's property that is subject to a lien	<b>\$2,953.26</b>	<b>\$0.00</b>
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**PO BOX 689007**  
**FRANKLIN TN 37068**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.4 6	<b>FORD CREDIT</b> Creditor's Name	Describe debtor's property that is subject to a lien	<b>\$20,152.42</b>	<b>\$0.00</b>
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**PO BOX 689007**  
**FRANKLIN TN 37068**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
	Name	
Last 4 digits of account number		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is: Check all that apply
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
2.4 7	<b>FORD CREDIT</b> Creditor's Name	Describe debtor's property that is subject to a lien <b>\$19,710.36</b> <b>\$0.00</b>
<b>PO BOX 689007</b> <b>FRANKLIN TN 37068</b> Creditor's mailing address		Describe the lien <b>PMSI LIEN ON VEHICLE</b>
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
Last 4 digits of account number		As of the petition filing date, the claim is: Check all that apply
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
2.4 8	<b>FP- FINANCIAL PACIFIC LEASING</b> Creditor's Name	Describe debtor's property that is subject to a lien <b>\$24,671.40</b> <b>\$0.00</b>
<b>3455 S 344TH WAY #300</b> <b>FEDERAL WAY WA 98011</b> Creditor's mailing address		Describe the lien <b>EQUIPMENT LEASE W/OPT TO BUY</b>
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
Last 4 digits of account number		As of the petition filing date, the claim is: Check all that apply
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
2.4 9	<b>HENRY SCHEIN</b>	Describe debtor's property that is subject to a lien <b>\$1,915.36</b> <b>\$0.00</b>

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

Creditor's Name \_\_\_\_\_

**DEPT CH 10560  
PALATINE IL 60055**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien \_\_\_\_\_

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

2.5  
0**IBM**

Creditor's Name \_\_\_\_\_

**3039 CORNWALLIS RD  
RESEARCH TRIANGLE  
PARK NC 27709**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien \_\_\_\_\_

**\$753.83****\$0.00**

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

2.5  
1**LCA BANK CORP**

Creditor's Name \_\_\_\_\_

**ENVISION  
3150 LIVERMOIS RD #300  
TROY, MI 48083**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe debtor's property that is subject to a lien \_\_\_\_\_

**\$32,550.30****\$0.00**

Describe the lien \_\_\_\_\_

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)																																																																																																		
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Debtor **CAROL LLOYD INC.**  
Name

Case number (if known)

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.5  
5**LEAF CAPITAL FUNDING**

Creditor's Name

**2005 MARKET ST 14TH FL  
PHILADELPHIA PA 19103**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$17,964.70****\$0.00**

Describe the lien

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.5  
6**LEXUS FINANCIAL  
SERVICES**

Creditor's Name

**PO BOX 85855  
CAROL STREAM IL 60197**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**\$29,727.98****\$0.00**

Describe the lien

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor CAROL LLOYD INC.

Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

 No Yes. Specify each creditor, including this creditor and its relative priority.

Contingent  
 Unliquidated  
 Disputed

2.5  
7**MARTIN BUSINESS BANK**

Creditor's Name

**PO BOX 13604  
PHILADELPHIA PA 19101**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$47,161.24****\$0.00**

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?** No Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.5  
8**McKESSON**

Creditor's Name

**9954 MARYLAND DR #4000  
RICHMOND VA 23233**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$19,540.08****\$0.00**

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?** No Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.5  
9**NOVA COPY**

Creditor's Name

**PO BOX 372  
DEPT 200  
MEMPHIS, TN 38101**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$907.00****\$0.00**

Describe the lien

**EQUIPMENT**

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)
Name		
<p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<hr/> <p><b>2.6 0 PITNEY BOWES</b></p> <p>Creditor's Name</p> <p><b>3001 SUMMER ST</b> <b>STAMFORD CT 06926</b></p> <p>Creditor's mailing address</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>\$319.00</b> <b>\$0.00</b></p> <p><b>Describe the lien</b></p> <p><b>EQUIPMENT</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<hr/> <p><b>2.6 1 ROYAL BANK AMERICA</b> <b>LEASING</b></p> <p>Creditor's Name</p> <p><b>550 TOWNSHIP LINE RD</b> <b>#425</b> <b>BLUE BELL PA 19422</b></p> <p>Creditor's mailing address</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>\$0.00</b> <b>\$0.00</b></p> <p><b>Describe the lien</b></p> <p><b>UCC FILING</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		

Debtor **CAROL LLOYD INC.**  
Name

Case number (if known) \_\_\_\_\_

2.6 **SPRINT** \$0.00 \$0.00  
 Creditor's Name

**PO BOX 8077**  
**LONDON KY 40742**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Describe the lien

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.6 **STEARNS BANK** \$122,117.42 \$0.00  
 Creditor's Name

**PO BOX 750**  
**ALBANY MN 56307**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$122,117.42

\$0.00

Describe the lien

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.6 **SUSQUEHANA CMRCL FINANCE** \$35,956.23 \$0.00  
 Creditor's Name

**2 COUNTRY VIEW RD #300**  
**MALVERN PA 19355**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

\$35,956.23

\$0.00

Describe the lien

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No

Debtor	<b>CAROL LLOYD INC.</b> Name	Case number (if known)
<p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<p><b>2.6 5 SUSQUEHANA CMRCL FINANCE</b> Creditor's Name</p> <p><b>2 COUNTRY VIEW RD #300 MALVERN PA 19355</b> Creditor's mailing address</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<p><b>2.6 6 TD AUTO FINANCE</b> Creditor's Name</p> <p><b>PO BOX 16035 LEWISTON ME04243</b> Creditor's mailing address</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<p><b>2.6 7 TD AUTO FINANCE</b> Creditor's Name</p> <p><b>Describe debtor's property that is subject to a lien</b> <b>\$48,351.92</b> <b>\$0.00</b></p> <p><b>Describe the lien</b> <b>EQUIPMENT LEASE W/OPT TO BUY</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p><b>Describe the lien</b> <b>PMSI LIEN ON VEHICLE</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<p><b>Describe debtor's property that is subject to a lien</b> <b>\$67,235.98</b> <b>\$0.00</b></p> <p><b>Describe the lien</b> <b>PMSI LIEN ON VEHICLE</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
<p><b>Describe debtor's property that is subject to a lien</b> <b>\$22,605.31</b> <b>\$0.00</b></p>		

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

Creditor's Name \_\_\_\_\_

**PO BOX 16035  
LEWISTON ME04243**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien \_\_\_\_\_

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.6  
8**TD AUTO FINANCE**

Creditor's Name \_\_\_\_\_

**PO BOX 16035  
LEWISTON ME04243**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien \_\_\_\_\_

**\$22,873.71****\$0.00**

Describe the lien \_\_\_\_\_

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.6  
9**TD AUTO FINANCE**

Creditor's Name \_\_\_\_\_

**PO BOX 16035  
LEWISTON ME04243**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe debtor's property that is subject to a lien \_\_\_\_\_

**\$21,511.93****\$0.00**

Describe the lien \_\_\_\_\_

**PMSI LIEN ON VEHICLE**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor	<b>CAROL LLOYD INC.</b>	Case number (if known)																																																																																																																																																									
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Debtor **CAROL LLOYD INC.**  
Name

Case number (if known)

**EQUIPMENT LEASE W/OPT TO BUY**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

 Contingent Unliquidated Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,856,565.7

0

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

## Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		<b>Total claim</b>	<b>Priority amount</b>
2.1	Priority creditor's name and mailing address <b>IRS CNTRLZD INSOLVENCY OPRTN PO BOX 7346 PHILADELPHIA, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,400,000.00</b> <b>00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address <b>North Carolina Department of Revenue Attn: Tom Gardin 501 N Wilmington St Raleigh, NC 27604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$50,000.00</b> <b>\$50,000.00</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

Debtor	<b>CAROL LLOYD INC.</b> Name	Case number (if known)	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN EXPRESS</b> <b>PO BOX 981540</b> <b>EL PASO TX 79998</b> <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>6006;1000</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$198,901.98</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>BADGER, DAVID R PA</b> <b>2108 SOUTH BLVD #118</b> <b>CHARLOTTE NC 28203</b> <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>NOTICE ONLY- COUNSEL IN PREVIOUS CH.11</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>William, Overman, &amp; Pierce</b> <b>328 E Market St</b> <b>Greensboro, NC 27401</b> <b>Date(s) debt was incurred</b> <u>2017</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unpaid service fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,000.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	<b>1,450,000.00</b>
5b.	+	<b>208,901.98</b>
5c.	\$	<b>1,658,901.98</b>

## Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206H

### Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

#### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address			Name	Check all schedules that apply:
2.1		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		
2.2		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		
2.3		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		
2.4		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		

## Fill in this information to identify the case:

Debtor name **CAROL LLOYD INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business** None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply**Gross revenue**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**  
From **1/01/2018** to **Filing Date** Operating a business**\$2,340,372.24** Other \_\_\_\_\_**For prior year:**  
From **1/01/2017** to **12/31/2017** Operating a business**\$6,798,601.01** Other \_\_\_\_\_**For year before that:**  
From **1/01/2016** to **12/31/2016** Operating a business**\$5,871,544.11** Other \_\_\_\_\_**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1. None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
Check all that apply**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
ALLY ATTN: BANKRUPTCY PO BOX 130424 ROSEVILLE, MN 55113	2012 Ford Transit Connect Last Four of the VIN: 3065  (Additional repos have occurred or are in the process)	July/August 2018	Unknown
TD AUTO FINANCE ATTN: BANKRUPTCY DEPT PO BOX 9223 FARMINGTON, MI 48333	2016 Ford Transit VIN: NM0LS7375G1251748	July 2018	Unknown

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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#### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Balboa Capital 30-2017-00909841	Civil	Supreme Court of CA County of Orange 700 Civic Center Santa Ana, CA 92701	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

#### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 2

Debtor CAROL LLOYD INC.

Case number (if known) \_\_\_\_\_

 None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. <b>Hospice of Union County</b>	<b>3 Annual Sponsorships; 2015, 2016, 2017</b> <b>Amount of Gift: \$3,000 per sponsorship year</b>	<b>May 2015; May 2016; May 2017</b>	<b>\$9,000.00</b>
<b>Recipients relationship to debtor charitable relationship</b>			
9.2. <b>Garrett Thomas Foundation</b>	<b>Sponsorship during 2015</b> <b>Amount: \$1,500</b>	<b>May 2015</b>	<b>\$1,500.00</b>
<b>Recipients relationship to debtor charitable relationship</b>			

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Covey Johnston 236 Public Square, #103 Franklin, TN 37064</b>	<b>\$2,500 (wired) - Consultation/Retainer</b>	<b>1/31/2017</b>	<b>\$2,500.00</b>
<b>Email or website address</b>			
<b>Who made the payment, if not debtor?</b>			

Debtor **CAROL LLOYD INC.**

Case number (if known) \_\_\_\_\_

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2. LEFKOVITZ & LEFKOVITZ 618 CHURCH ST., #410 NASHVILLE, TN 37219	Attorney Fees \$15,000	August 2018	\$15,000.00
Email or website address slefkovitz@lefkovitz.com			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
14.1. Carol Lloyd Inc. dba MMDS of Asheville 38 Rossraggon Road Suite M Asheville, NC 28803	Sept 2004 - Present

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information**

Debtor CAROL LLOYD INC.

Case number (if known) \_\_\_\_\_

**16. Does the debtor collect and retain personally identifiable information of customers?**

No.  
 Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Debtor CAROL LLOYD INC.

Case number (if known) \_\_\_\_\_

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.  
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <b>Carol Lloyd Inc. dba MMDS of Asheville</b> 38 Rosscraggon Rd. Suite M Asheville, NC 28803	diagnostics services/portable x-ray supplier business	From-To
		Dates business existed EIN: 30-0269453

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. <b>Edward Golden</b> 2501 Atrium Drive Suite 500 Raleigh, NC 27607	November 2015 - Present
26a.2. <b>Lauren Jarosek</b> 6801 Sanger Avenue Suite 113 Waco, TX 76710	July 2014 - October 2015

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor CAROL LLOYD INC.

Case number (if known) \_\_\_\_\_

 None**Name and address**

26b.1. **Edward Golden**  
**2501 Atrium Drive**  
**Suite 500**  
**Raleigh, NC 27607**

**Date of service  
From-To****November 2015 -  
Present**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address**

26c.1. **Edward Golden**  
**2501 Atrium Drive**  
**Suite 500**  
**Raleigh, NC 27607**

**If any books of account and records are  
unavailable, explain why****November 2015 - Present**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Carol Williams	2230 Beach Drive, #1203 Gulfport, MS 39507	Share Holder	50%
Lloyd Williams, Jr.	2230 Beach Drive, #1203 Gulfport, MS 39507	Share holder	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor CAROL LLOYD INC.

Case number (if known) \_\_\_\_\_

No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attached - Transfer Sheet			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No  
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No  
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Debtor CAROL LLOYD INC.

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 15, 2018/s/ LLOYD M. WILLIAMS, III

Signature of individual signing on behalf of the debtor

LLOYD M. WILLIAMS, III

Printed name

Position or relationship to debtor AUTHORIZED REPRESENTATIVEAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached? No Yes

**United States Bankruptcy Court**  
**Middle District of Tennessee**

In re **CAROL LLOYD INC.**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>15,000.00</b>
Prior to the filing of this statement I have received .....	\$ <b>15,000.00</b>
Balance Due .....	\$ <b>0.00</b>

2. The source of the compensation paid to me was:

Debtor  Other (specify):

3. The source of compensation to be paid to me is:

Debtor  Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, preparation and filing of reaffirmation agreements and applications as needed, relief from stay actions, motions to redeem property, representation in any loan modification process, substitution of collateral, filing motions to approve professionals, motions to approve sale of property, motions to authorize retention of special counsel, conversion to another bankruptcy chapter, representation in any other Court or legal matter, or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 15, 2018

*Date*

/s/ Steven L. Lefkovitz

**Steven L. Lefkovitz 5953**

*Signature of Attorney*

**LEFKOVITZ & LEFKOVITZ**

**618 CHURCH ST., #410**

**NASHVILLE, TN 37219**

**615-256-8300 Fax: 615-255-4516**

**slefkovitz@lefkovitz.com**

*Name of law firm*

**United States Bankruptcy Court**  
**Middle District of Tennessee**

In re CAROL LLOYD INC.

Debtor(s)

Case No.  
Chapter11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **AUTHORIZED REPRESENTATIVE** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 15, 2018

Signature /s/ LLOYD M. WILLIAMS, III  
LLOYD M. WILLIAMS, III

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

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In re CAROL LLOYD INC.

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11

**VERIFICATION OF CREDITOR MATRIX**

I, the AUTHORIZED REPRESENTATIVE of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 15, 2018

/s/ LLOYD M. WILLIAMS, III

**LLOYD M. WILLIAMS, III/AUTHORIZED REPRESENTATIVE**

Signer/Title

STEVEN L. LEFKOVITZ  
LEFKOVITZ & LEFKOVITZ  
618 CHURCH ST., #410  
NASHVILLE, TN 37219

BLUE RIDGE FINANCIAL  
DBA ENVISION  
535 WASHINGTON ST #201  
BUFFALO NY 14203

IBM  
3039 CROWN WALLIS RD  
RESEARCH TRIANGLE PARK NC 27

ADVANTAGE GROUP  
PO BOX 15270  
IRVINE CA 92623

BRYN MAWR FUNDING  
620 W GERMANTOWN PK #310  
PLYMOUTH MEETING PA 19462

IRS  
CNTRLZD INSOLVENCY OPRTN  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

AFG ALLIANCE FUNDING GROUP  
PO BOX 4130  
HOPKINS MN 55343

CITIZEN ONE AUTO FINANCE  
PO BOX 42113  
PROVIDENCE RI 02940

LCA BANK CORP  
ENVISION  
3150 LIVERMOOR RD #300  
TROY MI 48083

ALLY  
ATTN: BANKRUPTCY  
PO BOX 130424  
ROSEVILLE MN 55113

EIN CAPITAL  
160 PEARL ST 5TH FL  
NEW YORK NY 10005

LEAF CAPITAL FUNDING  
2005 MARKET ST 14TH FL  
PHILADELPHIA PA 19103

AMERICAN EXPRESS  
PO BOX 981540  
EL PASO TX 79998

ELM SERVICES  
PO BOX 15270  
IRVINE CA 92623

LEXUS FINANCIAL SERVICES  
PO BOX 85855  
CAROL STREAM IL 60197

ASCENTIUM CAPITAL- AFG  
PO BOX 301593  
DALLAS TX 7303

ENVISION CAPITAL GROUP  
BANKERS LEASING  
PO BOX 7740  
URBANDALE IA 50323

MARTIN BUSINESS BANK  
PO BOX 13604  
PHILADELPHIA PA 19101

AXIS CAPITAL  
308 N LOCUST ST #100  
GRAND ISLAND NE 68801

FINANCIAL PACIFIC  
3455 S 344TH WAY  
AUBURN LA 98001

MCKESSON  
9954 MARYLAND DR #4000  
RICHMOND VA 23233

BADGER, DAVID R PA  
2108 SOUTH BLVD #118  
CHARLOTTE NC 28203

FORD CREDIT  
PO BOX 689007  
FRANKLIN TN 37068

NORTH CAROLINA DEPARTMENT  
ATTN: TOM GARDIN  
501 N WILMINGTON ST  
RALEIGH NC 27604

BALBOA CAPITAL  
75 ANTON BLVD 12TH FL  
COSTA MESA CA 92626

FP- FINANCIAL PACIFIC LEASING  
3455 S 344TH WAY #300  
FEDERAL WAY WA 98011

NOVA COPY  
PO BOX 372  
DEPT 200  
MEMPHIS TN 38101

ROYAL BANK AMERICA LEASING  
550 TOWNSHIP LINE RD #425  
BLUE BELL PA 19422

SPRINT  
PO BOX 8077  
LONDON KY 40742

STEARNS BANK  
PO BOX 750  
ALBANY MN 56307

SUSQUEHANA CMRCL FINANCE  
2 COUNTRY VIEW RD #300  
MALVERN PA 19355

TD AUTO FINANCE  
PO BOX 16035  
LEWISTON ME04243

UNIFI EQUIPMENT FINANCE  
ENVISION  
PO BOX 1689  
ANN ARBOR MI 48106

US BANK OF THE WEST  
1310 MADRID ST  
MARSHALL MN 56258

WILLIAM, OVERMAN, & PIERCE  
328 E MARKET ST  
GREENSBORO NC 27401

**United States Bankruptcy Court**  
**Middle District of Tennessee**

In re **CAROL LLOYD INC.**

Debtor(s)

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**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for CAROL LLOYD INC. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [Check if applicable]

**August 15, 2018**

Date

/s/ Steven L. Lefkovitz

**Steven L. Lefkovitz 5953**

Signature of Attorney or Litigant  
Counsel for CAROL LLOYD INC.

**LEFKOVITZ & LEFKOVITZ**

**618 CHURCH ST., #410  
NASHVILLE, TN 37219  
615-256-8300 Fax:615-255-4516  
slefkovitz@lefkovitz.com**